FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 JUN 14 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086322

1. Corporation Name

Courtesy Wholesale Corporation

Principal Place of Business	Mailing Address
One Financial Plaza Suite 1700 Ft. Lauderdale, FL 33394	One Financial Plaza Suite 1700 Ft. Lauderdale, FL 33394

3. Date Incorporated or Qualified: 11/9/95
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0630718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

American Information Services, Inc.
801 Brickell Avenue, 24th Floor
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name: American Information Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1 SE 3rd Avenue,
83: 27th Floor
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] PRES. 5/8/96
(Signature of registered agent and title, if applicable) (Registered Agent Signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	H. Wayne Huizenga	
STREET ADDRESS	One Financial Plaza, 1700	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
TITLE	P/D	☐ DELETE
NAME	Steven R. Berrard	
STREET ADDRESS	One Financial Plaza, 1700	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
TITLE	D	☐ DELETE
NAME	Richard C. Rochon	
STREET ADDRESS	One Financial Plaza, 1700	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
TITLE	D	☐ DELETE
NAME	Larry Rich	
STREET ADDRESS	One Financial Plaza, 1700	
CITY-ST-ZIP	Ft. Luaderdale, FL 33394	
TITLE	V/S/T	☐ DELETE
NAME	Stephen R. Morse	
STREET ADDRESS	One Financial Plaza, 1700	
CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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****225.00 ****225.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] **Stephen R. Morse** **Secretary** 6/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)